

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE
460

Page 1 of 30

For Official Use Only

Statement covers period

from 01/01/2018

through 03/31/2018

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☒ Ballot Measure Committee
☒ Primary Formed
☐ Controlled
☒ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☐ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☒ Amendment (Explain below)

AMEND TO INCLUDE ATTACHMENT

- ☒ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1401516

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
NO ON PROP 10; CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF
VETERANS, SENIORS, HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	(415)389-6800

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

form410@nmgovlaw.com

Treasurer(s)

NAME OF TREASURER
ELLI ABDOLI

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	415-389-6800

NAME OF ASSISTANT TREASURER, IF ANY
JOEL S. AURORA

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	415-389-6800

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/27/2018 By ELLI ABDOLI
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 30

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee



OF BALLOT MEASURE

EXPANDS LOCAL GOVERNMENTS' AUTHORITY TO ENACT RENT CONTROL ON

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

10

STATEWIDE - NOVEMBER 2018

☒ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 01/01/2018 through 03/31/2018	CALIFORNIA FORM 460 Page 3 of 30 I.D. NUMBER 1401516
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO ON PROP 10; CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS, HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER ASSOCIATIONS, AND LABOR.

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$2,016,089.67	\$2,016,089.67
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$2,016,089.67	\$2,016,089.67
4. Nonmonetary Contributions	Schedule C, Line 3	\$96,155.76	\$96,155.76
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$2,112,245.43	\$2,112,245.43

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$309,647.10	\$309,647.10
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$309,647.10	\$309,647.10
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$62,366.29	\$62,366.29
10. Nonmonetary Adjustment	Schedule C, Line 3	\$96,155.76	\$96,155.76
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$468,169.15	\$468,169.15

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$0.00
13. Cash Receipts	Column A, Line 3 above	\$2,016,089.67
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$0.00
15. Cash Payments	Column A, Line 8 above	\$309,647.10
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$1,706,442.57

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$62,366.29

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A






Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
through	03/31/2018	Page 4 of 30

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO ON PROP 10; CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS, HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER ASSOCIATIONS, AND LABOR.

I.D. Number
1401516

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/23/2018	EQUITY RESIDENTIAL Chicago, IL 60606 Memo Reference: INC2	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$64,900.00	\$429,900.00	
1/23/2018	ESSEX PROPERTY TRUST, INC., AND AFFILIATED ENTITIES San Mateo, CA 94403 Memo Reference: INC1	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$84,700.00	\$565,540.00	
1/23/2018	KW MULTI-FAMILY MANAGEMENT GROUP LLC Beverly Hills, CA 90212 Memo Reference: INC5	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$12,600.00	\$12,600.00	
1/23/2018	LEGACY PARTNERS AND AFFILIATED ENTITIES FOSTER CITY, CA 94404 Memo Reference: INC9	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,980.00	\$2,980.00	
1/23/2018	UDR, INC. Highlands Ranch, CO 80129 Memo Reference: INC3	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$19,700.00	\$19,700.00	

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.) \$2,015,919.67

2. Amount received this period - unitemized contributions of less than \$100

\$170.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL** \$2,016,089.67

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
through	03/31/2018	Page 5 of 30

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER NO ON PROP 10; CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS, HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER ASSOCIATIONS, AND LABOR.	I.D. Number 1401516
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/24/2018	CASTLE CREEK MANAGEMENT COMPANY, INC. San Ramon, CA 94583 Memo Reference: INC10	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,400.00	\$2,400.00	
1/24/2018	LENNAR HOMES OF CALIFORNIA INC. AND AFFILIATED ENTITIES SAN RAFAEL, CA 94901 Memo Reference: INC8	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$8,000.00	\$8,000.00	
1/24/2018	PROMETHEUS REAL ESTATE GROUP, INC. San Mateo, CA 94403 Memo Reference: INC7	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$8,100.00	\$196,800.00	
1/25/2018	PRIME ADMINISTRATION LLC & AFFILIATED ENTITIES Los Angeles, CA 90036 Memo Reference: INC4	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$12,600.00	\$162,600.00	
1/25/2018	WOODMONT REAL ESTATE SERVICES, LP, INCLUDING AGGREGATED CONTRIBUTIONS Belmont, CA 94002 Memo Reference: INC6	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$12,000.00	\$12,000.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
through	03/31/2018	Page 6 of 30

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NAME OF FILER NO ON PROP 10; CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS, HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER ASSOCIATIONS, AND LABOR.	I.D. Number 1401516
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2/2/2018	AVALONBAY COMMUNITIES, INC. Newport Beach, CA 92660 Memo Reference: INC12	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$53,900.00	\$356,880.00	
2/21/2018	PRIME ADMINISTRATION LLC & AFFILIATED ENTITIES Los Angeles, CA 90036 Memo Reference: INC47	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150,000.00	\$162,600.00	
3/1/2018	APARTMENT INVESTMENT AND MANAGEMENT COMPANY (AIMCO) Denver, CO 80237	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$16,500.00	\$19,460.00	
3/1/2018	EGB II, LLC San Francisco, CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,634.00	\$4,634.00	
3/1/2018	ESSEX PROPERTY TRUST, INC., AND AFFILIATED ENTITIES San Mateo, CA 94403 Memo Reference: INC82	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$480,840.00	\$565,540.00	
SUBTOTAL						

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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
through	03/31/2018	Page 7 of 30

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER NO ON PROP 10; CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS, HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER ASSOCIATIONS, AND LABOR.	I.D. Number 1401516
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/2/2018	EQUITY RESIDENTIAL Chicago, IL 60606	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$365,000.00	\$429,900.00	
3/2/2018	SPIEKER COMPANIES, INC. Palo Alto, CA 94303	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$189,950.00	\$189,950.00	
3/12/2018	APARTMENT INVESTMENT AND MANAGEMENT COMPANY (AIMCO) Denver, CO 80237	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,960.00	\$19,460.00	
3/12/2018	GEORGIA LANE TOWN HOMES INC. Hayward, CA 94541 Memo Reference: INC97	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$625.00	\$625.00	
3/12/2018	IRVIN GRANT Los Angeles, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BRENTWOOD TERRACE PROPERTY CO-OWNER	\$2,500.00	\$2,500.00	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received





Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
through	03/31/2018	Page 8 of 30

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NAME OF FILER NO ON PROP 10; CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS, HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER ASSOCIATIONS, AND LABOR.	I.D. Number 1401516
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/12/2018	ROBERT JABOUR West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FREELANCE REAL ESTATE BROKER	\$500.00	\$500.00	
3/12/2018	MAYTEN MANOR CORPORATION Hayward, CA 94541 Memo Reference: INC94	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,125.00	\$1,125.00	
3/12/2018	NEWPORT APARTMENTS CORPORATION Hayward, CA 94541 Memo Reference: INC95	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$700.00	\$700.00	
3/12/2018	PEPPERTREE VILLAGE CORPORATION Hayward, CA 94541 Memo Reference: INC96	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$725.00	\$725.00	
3/12/2018	ILENE WEINREB HAYWARD, CA 94541 Memo Reference: INC98	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED; ILENE WEINREB INVESTOR	\$700.00	\$700.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
through	03/31/2018	Page 9 of 30

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER NO ON PROP 10; CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS, HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER ASSOCIATIONS, AND LABOR.	I.D. Number 1401516
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3/15/2018	THE FELIX GROUP, LLC San Francisco, CA 94109	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
3/19/2018	100 VAN NESS ASSOCIATES, LLC San Francisco, CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,966.67	\$6,966.67	
3/19/2018	AVALONBAY COMMUNITIES, INC. Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$302,980.00	\$356,880.00	
3/19/2018	JAMES HIRSCH San Francisco, CA 94108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$1,000.00	\$1,000.00	
3/21/2018	HARRISON FREMONT HOLDINGS LLC San Francisco, CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,434.00	\$5,434.00	
SUBTOTAL						

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IND - Individual
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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
through	03/31/2018	Page 10 of 30

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER NO ON PROP 10; CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS, HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER ASSOCIATIONS, AND LABOR.	I.D. Number 1401516
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3/21/2018	PROMETHEUS REAL ESTATE GROUP, INC. San Mateo, CA 94403	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$188,700.00	\$196,800.00	
3/21/2018	VAN NESS HAYES ASSOCIATES LLC San Francisco, CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,000.00	\$7,000.00	
3/28/2018	ERNEST C.J. LEUNG San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ACE FIRE TECHNICIAN	\$100.00	\$100.00	
3/29/2018	MARK KESEL Kensington, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED; MARK KESEL MANAGER	\$100.00	\$100.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$2,015,919.67

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 01/01/2018
through 03/31/2018

CALIFORNIA
FORM **460**

Page 11 of 30

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO ON PROP 10; CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS, HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER ASSOCIATIONS, AND LABOR.

I.D. NUMBER

1401516

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____

(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____

Enter the net here and on the Summary Page, Column A, Line 2.

(may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 01/01/2018 through 03/31/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
NO ON PROP 10; CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS, HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER ASSOCIATIONS, AND LABOR.

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2018</u> through <u>03/31/2018</u>	CALIFORNIA FORM 460
	Page <u>13</u> of <u>30</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
NO ON PROP 10; CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS, HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER ASSOCIATIONS, AND LABOR.

I.D. Number
1401516

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
3/23/2018	VOTENOW ACTION Sacramento, CA 95814 Committee ID: 1402078	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		POLLING	\$49,000.00	\$92,655.76	
3/8/2018	CALIFORNIA BUSINESS ROUNDTABLE ISSUES PAC San Rafael, CA 94901 Committee ID: 1264590	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		CONSULTING	\$3,500.00	\$3,500.00	
2/21/2018	VOTENOW ACTION Sacramento, CA 95814 Committee ID: 1402078	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		FOCUS GROUPS	\$43,655.76	\$92,655.76	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$96,155.76

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.)..... \$96,155.76
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL** \$96,155.76

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other

Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		SCHEDULE D	
from	01/01/2018	CALIFORNIA FORM 460	
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NAME OF FILER NO ON PROP 10; CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS, HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER ASSOCIATIONS, AND LABOR.		I.D. NUMBER 1401516	

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL					
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Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)
- Unitemized contributions and independent expenditures made this period of under \$100
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL**

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 01/01/2018 through 03/31/2018	CALIFORNIA FORM 460 Page 15 of 30 I.D. NUMBER 1401516
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
NO ON PROP 10; CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS, HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER ASSOCIATIONS, AND LABOR.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP Sacramento, CA 95814	PRO		ELLI ABDOLI, COMMITTEE TREASURER, IS A PARTNER OF PAYEE	\$54,889.00
STRATEGIES 360, INC. Seattle, WA 98109	CNS			\$20,000.00
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP Sacramento, CA 95814	PRO		ELLI ABDOLI, COMMITTEE TREASURER, IS A PARTNER OF PAYEE	\$36,190.10

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$309,647.10
2. Unitemized payments made this period of under \$100.	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$309,647.10

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
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NAME OF FILER NO ON PROP 10; CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS, HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER ASSOCIATIONS, AND LABOR.		I.D. NUMBER 1401516

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SCN STRATEGIES San Francisco, CA 94104	CNS			\$10,000.00
SCN STRATEGIES San Francisco, CA 94104	CNS			\$10,000.00
DEBOO COMMUNICATIONS, INC. SACRAMENTO, CA 95819	CNS			\$35,000.00
DEBOO COMMUNICATIONS, INC. SACRAMENTO, CA 95819	CNS			\$35,000.00
FORWARD OBSERVER, INC. Sacramento, CA 95811	CNS			\$15,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
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NAME OF FILER NO ON PROP 10; CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS, HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER ASSOCIATIONS, AND LABOR.		I.D. NUMBER 1401516

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CALLAHAN PUBLIC AFFAIRS Sacramento, CA 95831	CNS			\$15,000.00
SCN STRATEGIES San Francisco, CA 94104	CNS			\$10,000.00
FORWARD OBSERVER, INC. Sacramento, CA 95811	CNS			\$15,000.00
DEBOO COMMUNICATIONS, INC. SACRAMENTO, CA 95819	CNS			\$35,000.00
CALLAHAN PUBLIC AFFAIRS Sacramento, CA 95831	CNS			\$15,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2018		
through 03/31/2018		Page 18 of 30
NAME OF FILER NO ON PROP 10; CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS, HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER ASSOCIATIONS, AND LABOR.		I.D. NUMBER 1401516

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CALIFORNIA APARTMENT ASSOCIATION Sacramento, CA 95814	WEB			\$3,568.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$309,647.10

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 01/01/2018
through 03/31/2018

CALIFORNIA
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
NO ON PROP 10; CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS, HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER
ASSOCIATIONS, AND LABOR.

I.D. NUMBER
1401516

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
STEVEN MAVIGLIO DBA FORZA COMMUNICATION SACRAMENTO, CA 95819	CNS	\$0.00	\$15,000.00	\$0.00	\$15,000.00
GRIZZLY BEAR MEDIA INC, Sacramento, CA 95816	CNS	\$0.00	\$5,000.00	\$0.00	\$5,000.00
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP Sacramento, CA 95814	PRO ELLI ABDOLI, COMMITTEE TREASURER, IS A PARTNER OF PAYEE	\$0.00	\$35,330.26	\$0.00	\$35,330.26

* Payments that are contributions or independent expenditures must also be
summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for
accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$62,366.29
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on
accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and
on the Summary Page, Column A, Line 9.)..... **NET** \$62,366.29
May be a negative number.

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 01/01/2018
through 03/31/2018

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NAME OF FILER
NO ON PROP 10; CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS, HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER ASSOCIATIONS, AND LABOR.

I.D. NUMBER
1401516

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings
- MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads
- RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
CALLAHAN PUBLIC AFFAIRS Sacramento, CA 95831	SEE SCHEDULE G	\$0.00	\$3,409.26	\$0.00	\$3,409.26
DEBOO COMMUNICATIONS, INC. SACRAMENTO, CA 95819	SEE SCHEDULE G	\$0.00	\$3,626.77	\$0.00	\$3,626.77
SUBTOTALS		\$0.00	\$62,366.29	\$0.00	\$62,366.29

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
NO ON PROP 10; CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS, HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER ASSOCIATIONS, AND LABOR.

I.D. NUMBER
1401516

NAME OF AGENT OR INDEPENDENT CONTRACTOR
CALLAHAN PUBLIC AFFAIRS

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
FORMATION ENVIRONMENTAL, LLC Sacramento, CA 95814	OFC			\$1,000.00
JULIA LATIMER Malibu, CA 90265	LIT			\$1,500.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$2500.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 01/01/2018
through 03/31/2018

CALIFORNIA
FORM **460**

Page 22 of 30

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
NO ON PROP 10; CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS, HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER ASSOCIATIONS, AND LABOR.

I.D. NUMBER
1401516

NAME OF AGENT OR INDEPENDENT CONTRACTOR
JIM DEBOO

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SOUTHWEST AIRLINES Dallas, TX 75325	TRS			\$1,533.88

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1533.88

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
through	03/31/2018	Page 23 of 30

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
NO ON PROP 10; CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS, HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER ASSOCIATIONS, AND LABOR.

I.D. NUMBER
1401516

NAME OF AGENT OR INDEPENDENT CONTRACTOR
DEBOO COMMUNICATIONS, INC.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TONY BUI Sacramento, CA 95819	TRS			\$924.66
JIM DEBOO Sacramento, CA 95819	TRS			\$2,702.11

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$3626.77

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period from 01/01/2018 through 03/31/2018	CALIFORNIA FORM 460
	Page 24 of 30

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
NO ON PROP 10; CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS, HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER ASSOCIATIONS, AND LABOR.

I.D. NUMBER
1401516

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET**
(Enter the net here and on the Summary Page, Column A, Line 7.)

** If Required

(May be a negative number)

Schedule I
Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 01/01/2018
through 03/31/2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
NO ON PROP 10; CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS, HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER ASSOCIATIONS, AND LABOR.

I.D. NUMBER
1401516

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$00

Schedule I Summary

1. Increases to cash of \$100 or more this period.....
- \$00
2. Unitemized increases to cash under \$100 this period.
- \$00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....
- \$00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....
- TOTAL \$00

Memo Reference:

ATTACHMENT C (Prime): Contributions Attributed to the following Affiliated Entities (same address): Prime Spectrum Investments,LLC (4.72%),Prime Ascot,LP (5.90%),Prime Torrey,LP (2.30%),Prime Coral Bay,LP (3.04%),Prime/Harbor Ridge,LP (3.52%),Prime Clairemont,LP (3.42%),Prime/South Coast,LP (2.02%),Prime Toyon,LP (1.52%),Prime Spain Investment,LP (1.57%),Prime Portfolio,LP (2.69%),Prime Old Country,LP (2.09%),Prime Cassanna,LP (2.47%),Prime Campina,LP (1.69%),Prime Channel Island,LP (4.16%),Prime/Rivershore,LLC (2.58%),Prime/SCRC,LP (2.70%),Prime Mesa,LP (4.47%),Prime/Devonshire,LLC (2.12%),Prime Wellington,LLC (2.26%); Park La Brea - 44.78%; ATTACHMENT D (Woodmont): Contributions Attributed to the following Affiliated Entities (same address): BEACH COVE INVESTORS(M)-8.17%,BEACH COVE INVESTORS(L)-5.54%,SAND COVE APARTMENTS(E)-5.54%,SHADOW COVER APARTMENTS-5.40%,ADAGIO APARTMENTS-7.38%,BRICHWOOD APARTMENTS-6.33%,COLONIAL GARDENS -1.58%,COUNTRYWOOD-4.51%,DEL PRADO APARTMENTS-3.10%,EL PRAD- .89%,GREENPOINTE APARTMENTS-6.06%,LINCOLN GLEN-3.69%,MADERA VALLEY-2.41%,SEAPOINTE-2.34%,SHADOW CREEK-6.19%,STANFORD VILLA- 6.89%,TAMARACK APARTMENTS-1.25%,THE POINTE-9.75%,THE VILLAGES- 7.38%,VINTAGE RIDGE-4.61%,WOODMONT APARTMENTS-.99%

Memo Reference: INC1

RECEIVED THROUGH INTERMEDIARY: CALIFORNIA APARTMENT ASSOCIATION 980 9TH ST, STE. 200, SACRAMENTO, CA 95814

Memo Reference: INC2

RECEIVED THROUGH INTERMEDIARY: CALIFORNIA APARTMENT ASSOCIATION 980 9TH ST, STE. 200, SACRAMENTO, CA 95814

Memo Reference: INC3

RECEIVED THROUGH INTERMEDIARY: CALIFORNIA APARTMENT ASSOCIATION 980 9TH ST, STE. 200, SACRAMENTO, CA 95814

Memo Reference: INC4

RECEIVED THROUGH INTERMEDIARY: CALIFORNIA APARTMENT ASSOCIATION 980 9TH ST, STE. 200, SACRAMENTO, CA 95814; SEE ATTACHMENT C

Memo Reference: INC5

RECEIVED THROUGH INTERMEDIARY: CALIFORNIA APARTMENT ASSOCIATION 980 9TH ST, STE. 200, SACRAMENTO, CA 95814

Memo Reference: INC6

RECEIVED THROUGH INTERMEDIARY: CALIFORNIA APARTMENT ASSOCIATION 980 9TH ST, STE. 200, SACRAMENTO, CA 95814; SEE ATTACHMENT D

Memo Reference: INC7

RECEIVED THROUGH INTERMEDIARY: CALIFORNIA APARTMENT ASSOCIATION 980 9TH ST, STE. 200, SACRAMENTO, CA 95814

Memo Reference: INC8

REC'D THRU INTERMEDIARY: CA APARTMENT ASSOC. 980 9TH ST, STE. 200, SACRAMENTO, CA 95814 & BY AFFILIATED ENTITY: LENNAR MULTI-FAMILY HOMES CORP., 433 EAST LOS COLINAS BLVD., STE 450, IRVING, TX 75039

Memo Reference: INC9

REC'D THRU INTERMEDIARY: CA APARTMENT ASSOC. 980 9TH ST, STE. 200, SACRAMENTO, CA 95814 & BY AFFILIATED ENTITY: LEGACY PARTNERS REAL ESTATE RESIDENTIAL, INC., 5141 CA AVE., STE 100, IRVINE, CA 92617

Memo Reference: INC10

RECEIVED THROUGH INTERMEDIARY: CALIFORNIA APARTMENT ASSOCIATION 980 9TH ST, STE. 200, SACRAMENTO, CA 95814

Memo Reference: INC12

RECEIVED THROUGH INTERMEDIARY: CALIFORNIA APARTMENT ASSOCIATION 980 9TH ST, STE. 200, SACRAMENTO, CA 95814

Memo Reference: INC47
SEE ATTACHMENT C

Memo Reference: INC82
REC'D THROUGH AFFILIATED ENTITY: ESSEX PORTFOLIO LP, 60 S MARKET ST., STE 470, SAN JOSE, CA 95113

Memo Reference: INC94
RECEIVED THROUGH INTERMEDIARY EDEN REALTY TRUST, SAME ADDRESS

Memo Reference: INC95
RECEIVED THROUGH INTERMEDIARY EDEN REALTY TRUST, SAME ADDRESS

Memo Reference: INC96

RECEIVED THROUGH INTERMEDIARY EDEN REALTY TRUST, SAME ADDRESS

Memo Reference: INC97

RECEIVED THROUGH INTERMEDIARY EDEN REALTY TRUST, SAME ADDRESS

Memo Reference: INC98

RECEIVED THROUGH INTERMEDIARY EDEN REALTY TRUST, SAME ADDRESS
